

Volunteer Application Form

Solihull Wheels For All



Please complete this form and return to Solihull Wheels For All – solihullwfaenquiries@gmail.com

Solihull Wheels for All is committed to safeguarding children, young people and vulnerable adults and expects its volunteers to share that commitment.

Surname		Forename(s)	
Date of Birth		Place of birth	
Previous name(s)			
Address			
Mobile No.			
Email address			

Previous work experience including voluntary work:

Please use this space to tell us why you would like to become a volunteer:

Please tell us of any skills/hobbies/interests/qualifications that you have:

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Please indicate which times and days you would be available to volunteer:

Note: Our current main sessions are Mondays 10:00-13:00, Mondays 17:30-19:30 and Wednesdays 10:30-13:30 (including set up and pack down)

(We also run private adhoc sessions on weekdays between 9-5pm Mondays to Fridays, including in the community)

<p>1. Do you need help with activities of daily living? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If YES, what do you need help with?</p>										
<p>2. Do you consider yourself to have a long-standing illness or disability? (i.e. more than 12 months and likely to continue) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If YES, please specify:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Long term illness</td> <td style="width: 50%;"><input type="checkbox"/> Mental health condition</td> </tr> <tr> <td><input type="checkbox"/> Sensory impairment</td> <td><input type="checkbox"/> Learning disability/difficulty</td> </tr> <tr> <td><input type="checkbox"/> Physical impairment</td> <td><input type="checkbox"/> Other:</td> </tr> </table>	<input type="checkbox"/> Long term illness	<input type="checkbox"/> Mental health condition	<input type="checkbox"/> Sensory impairment	<input type="checkbox"/> Learning disability/difficulty	<input type="checkbox"/> Physical impairment	<input type="checkbox"/> Other:				
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<p>3. Have you been diagnosed by your doctor or health professional with any of the following medical conditions/issues?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Asthma</td> <td style="width: 50%;"><input type="checkbox"/> COPD (Emphysema/Chronic Bronchitis)</td> </tr> <tr> <td><input type="checkbox"/> High blood pressure</td> <td><input type="checkbox"/> Heart disease/condition</td> </tr> <tr> <td><input type="checkbox"/> Diabetes</td> <td><input type="checkbox"/> Stroke/TIA</td> </tr> <tr> <td><input type="checkbox"/> Angina/chest pain</td> <td><input type="checkbox"/> Bone/joint problem</td> </tr> <tr> <td><input type="checkbox"/> Epilepsy</td> <td><input type="checkbox"/> Loss of balance/falls</td> </tr> </table>	<input type="checkbox"/> Asthma	<input type="checkbox"/> COPD (Emphysema/Chronic Bronchitis)	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Heart disease/condition	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Stroke/TIA	<input type="checkbox"/> Angina/chest pain	<input type="checkbox"/> Bone/joint problem	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Loss of balance/falls
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<p>4. Do you have any condition which requires treatment or medication? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES please specify:</p>										
<p>5. Are you allergic to any medication? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If YES please specify:</p>										

Please give the name and contact number of a emergency contact:	
Name:	Relationship:
Home Number:	Work Number:

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Mobile:	
Please give the names and addresses of two people who would act as references with regards your suitability to be a volunteer: <i>(at least one should be current/former employer)</i>	
Name:	Name:
Address:	Address:
Email	Email
Telephone No.	Telephone No.

Due to the nature of the work, you may be required to undertake a DBS check.

Data Protection: Your information will be held by Solihull Wheels For All in accordance with the Data Protection Act

The details on this form will be input into a secure Solihull Wheels For All database, held

I confirm that the answers to the above questions are correct to the best of my knowledge.

Signed: Date:

If you are signing on behalf of an under 16 years of age, please print your name and sign below:
Full name of parent/guardian:

Signed on behalf of: Date:

securely by Google Drive and may be used to produce anonymous reports.

I have read and understand the above statements.

Please note: Your details are NOT passed to any third party.

Photo Consent: For promotional purposes, Solihull Wheels For All may wish to take photographs during activities. These images may appear in our printed publications, on our website or be sent to local newspapers. If you consent for Solihull Wheels For All to use images of you for these purposes please tick the relevant box(es):

- Photos for printed publications
- Photos for website/social media usage
- Photos for local news/magazines
- Photos for partners raising charity funds for SWFA
- Film / video footage for website, social media and television

Your consent for any of the above can be withdrawn at any time by contacting solihullwfaenquiries@gmail.com